## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02654

FILED Apr 27, 2009 Secretary of State

Entity Name: GULF GATE ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 111 50TH AVENUE WEST ST PETERSBURG, FL 33706 **Current Mailing Address: New Mailing Address:** 111 50TH AVE WEST P.O. BOX 66116 33736-6116, FL 33706 FEI Number: 59-2416191 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOSS, VIV III LCAM 1135 PASADENA AVE S SAINT PETERSBURG, FL 33707 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition GRIMES, PHILIP M GRIMES, PHILIP M Name: Name: 220 WYNHURST ROAD Address: 220 WYNHURST ROAD Address: City-St-Zip: KESWICK, ONTARIO, CA L4P2R5 City-St-Zip: KESWICK, ONTARIO, CA L4P2R5 Title: SD Title: ( ) Delete () Change () Addition SHOPPELL, PATRICIA Name: Name: Address: 470 BELLE POINT DR Address: City-St-Zip: SAINT PETERSBURG, FL 33706 City-St-Zip: Title: Title: () Change () Addition () Delete SEITZ, ROB Name: Name: 1057 ALDEN LANE Address: Address: City-St-Zip: BUFFALO GROVE, IL 60089 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: CHILDS, RICHARD, R Name: 540 BELLE POINT DR Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33706 City-St-Zip: Title: VPD () Delete Title: (X) Change ( ) Addition DEPAOLO, LEONARD DEPAOLO, LEONARD Name: Name: 8040 SAILBOAT KEY BLVD UNIT F106 8040 SAILBOAT KEY BLVD UNIT F106 Address: Address: SAINT PETERSBURG, FL 337076399 City-St-Zip: City-St-Zip: SAINT PETERSBURG, FL 337076399 Title: (X) Delete Title: () Change () Addition KING, HOWARD Name: Name: Address: 406 PLEASANT DR Address: SCHAUMBURG, IL 60193 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIV MOSS, III LCAM 04/27/2009